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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/891,795 06/25/2001 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\***

\*\* 01/03/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 6

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**TITLE**

LOW DISPERSION INTERLEAVER

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